

*CMC³ (151H)
Hines VA Hospital
5th and Roosevelt Roads
Hines, IL 60141*

On page 2

*Howard Gordon joins CMC³
TOPP Program*

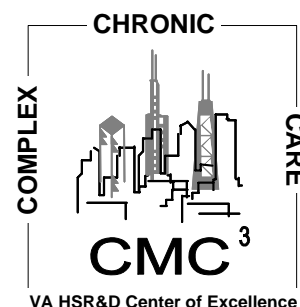
On page 3

*David Mohr joins CMC³
CMC³ Introduces its
Nurse Post Doc Program*

On page 4

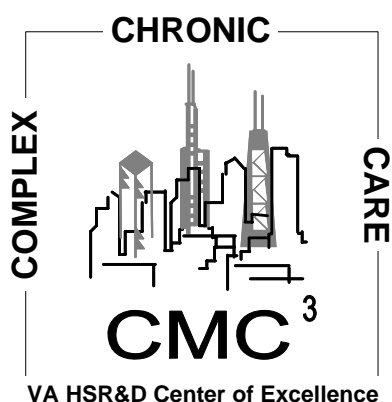
*Presentations of CMC³ at 2007
HSR&D National Meeting*

We've Changed Our Name, But Not Our Focus



MCHSPR is pleased to present its new name: the **Center for Management of Complex Chronic Care** or **CMC³**. The name reflects our COE's efforts over the past four years to identify and define the focus of our program. Through a series of retreats and ongoing discussions it became increasingly evident to us that veterans treated at VA facilities are complex and have complex needs. We have defined complex to include: 1) veterans with multiple chronic illnesses, 2) veterans with one or more chronic illnesses who have complicated social situations such as being homeless or lacking a caregiver, having mental health issues or other limitations that make the management of their illnesses more difficult; 3) veterans with one or more chronic illnesses utilizing multiple health care systems. These combinations of issues can lead to an exponential increase in problems that these individuals can encounter as well as increase the challenges associated in caring for these veterans. To reflect our focus, we have chosen to change our name to CMC³.

Within our center, we have identified three themes to support our work in complex chronic care. These themes are: pharmacotherapeutics, behavioral health, and value and health. In the pharmacotherapeutics area issues such as polypharmacy, medication adherence, and safety are key for the complex patient. Similarly, in the area of behavioral health, conditions such as smoking, depression, obesity, diet and physical activity are important factors to address, as the complex patient is likely dealing with multiple conditions at the same time. Finally, with respect to value and health, which includes both cost issues and quality of life, veterans' ability to navigate multiple health care systems and the effect of multiple illnesses on quality of life, are important issues that we plan to address in our work. Our center is already examining many of these issues and we will continue to build upon our initial efforts.



Howard S. Gordon, MD joins CMC³ at Jesse Brown VAMC

Howard S. Gordon, MD is a general internist and staff physician at Jesse Brown VAMC and Associate Professor of Medicine at the University of Illinois at Chicago College of Medicine. He studied electrical engineering at Massachusetts Institute of Technology, completed his medical training at University of Cincinnati College of Medicine, and survived internship and residency in internal medicine at University Hospitals of Cleveland and the Cleveland VAMC. He stayed at University Hospitals in Cleveland and Case Western Reserve University to complete a 3 year health services research fellowship with selected Statistics and Health Policy coursework in 1996. In 2006, Dr. Gordon moved his research program to Chicago, after almost 10 years at Baylor College of Medicine and the Houston VAMC. Dr. Gordon is board certified in internal medicine and teaches residents and medical students at the University of Illinois Medical Center and the Jesse Brown VAMC.

Dr. Gordon's research interests have focused on understanding, reducing, and eliminating racial disparities in health care.

Dr. Gordon's research interests have focused on understanding, reducing, and eliminating racial disparities in health care. This involves the assessment and development of interventions to improve doctors' and patients' communication skills and using state of the art risk adjustment methods to compare and assess outcomes in hospitalized patients. Dr. Gordon has served as principal investigator or project leader on several national grants. Currently he is PI of a VA HSRD funded grant (ECV02-254) "Physician-patient communication in patients with heart failure." His recent publications include, "Racial differences in doctors' information giving and patients' participation" (Cancer, 2006); "Racial differences in trust and lung cancer patients' perceptions of physician communication" (Journal of Clinical Oncology, 2006), and "Physician-patient communication following invasive procedures: an analysis of post-angiogram consultations (Social Science & Medicine, 2005).

Team-Oriented Pay for Performance Program (TOPP) to be presented at VISN Leadership Poster Session

Beginning in 2003, Dr. Barbara Temeck, Hines Chief of Staff began meeting with Drs. Kevin Weiss and Marylou Guihan to discuss a better way to assess employee performance. Clinical, managerial and research personnel at Hines collaborated on the development of "Team-oriented pay-for-performance" (TOPP) program. The goal of TOPP was to improve clinical performance and patient outcomes at Hines. Five teams (consisting of up to 10 physicians, nursing, allied health professionals and/or administrative/support staff) at 2 sites in VISN 12 responded to the RFP. Teams were required to focus on clinical outcomes and/or administrative measures in areas that were below national benchmarks. Teams that met their targets stood to receive an incentive of \$5,000 per team. Teams were studied before and after 6-9 months of the TOPP intervention. The primary outcome was change in performance measures. Teams were required to identify a specific target and EPRP and/or clinical reminder roll-up data were

used to compare pre and post-TOPP measures. To better understand the teams, barriers they encountered and strategies used, semi-structured pre/post-intervention interviews were conducted with TOPP team personnel.

Ultimately, four teams were successful in achieving their target goals. Common strategies included: having permission to assess the care process, collecting their own data, involving hospital Performance Improvement staff with the team, delving more deeply into the problem, frequent meetings between team members to address issues, and comparing the effectiveness of multiple strategies.

The TOPP approach was successful in helping to improve performance measures, suggesting that this was a robust approach to improving quality in VA. Additional study, including comparison groups, is necessary to further assess this approach to improving care and achieving efficiency.

David Mohr, PhD Joins CMC³

David C. Mohr, Ph.D. received his doctorate in clinical psychology from the University of Arizona in 1991 where he trained in the development and evaluation of psychological interventions for the treatment of depression. In 1994 he joined the University of California, San Francisco's (UCSF) Department of Neurology where he began a behavioral medicine research program in multiple sclerosis (MS). In 2000 he moved to an Associate Professorship in the UCSF Department of Psychiatry where he broadened his work to include a wide variety of health problems. In 2006 he moved to Chicago accepting a position as a research health scientist at CMC³ and as Professor in the Department of Preventive Medicine at Northwestern University.

Dr. Mohr's research has retained a focus on clinical trials for psychological interventions. Dr. Mohr was the first investigator to demonstrate that stressful life events resulted in

Dr. Mohr's research has retained a focus on clinical trials for psychological interventions.

increased risk of new brain lesions in patients with MS. His research continues to examine how stress, depression and other psychosocial factors can influence health. He is currently completing an NIH R01 funded randomized controlled trial (RCT) examining the efficacy of a stress reduction intervention on brain inflammation in MS. Dr. Mohr has developed a manualized telephone-administered cognitive behavioral treatment (T-CBT) for depression.

Following the success of a randomized controlled trial of T-CBT for the treatment of depression in MS, he is now extending this work to primary care. He is currently funded by VA HSR&D for an RCT examining the efficacy of T-CBT for the treatment of depression in veterans living in rural areas and served by community based outpatient clinics where mental health care is minimal or non-existent. The NIMH has also recently awarded an R01 grant to Dr. Mohr for an RCT comparing cognitive behavioral therapy for depression in primary care patients administered face-to-face or over the telephone.

New PhD Nursing Post -Doctoral Fellow – Karen L. Saban

Karen Lynn Saban, RN, PhD, APRN, CNRN is the first recipient of the VA Post-Doctoral Nursing Fellowship in CMC³. Dr. Saban earned both her masters in nursing administration and her doctorate in nursing from Loyola University Chicago. In addition to her part-time work on the post-doctoral nursing fellowship, Karen recently accepted a tenure-track faculty position in the School of Nursing at Loyola University. Her post-doctoral mentors are Drs. Denise Hynes and Sue Penckofer (Professor, Loyola University School of Nursing). Karen's research interests include health-related quality of life and outcomes research. She is particularly interested in the measurement of outcomes of patients with neurological diagnoses such as stroke. Karen has an extensive background as a neuroscience nurse both in patient care and administration. Prior to beginning her academic career, Karen was the Director of Nursing and Quality Improvement for a large neurosurgical practice where she was instrumental in the development of their neuro-specific electronic medical record. Her work with capturing and retrieving electronic patient data stimulated her interest in patient perceived outcomes measurement and its implications for improvement of healthcare.

Dr. Saban's research interests include health-related quality of life and outcomes research.

2007 HSR&D National Meeting Presentations

The following will be presented by Hines COE staff at the HSR&D Career Development Conference 2007 and the 2007 National HSR&D Meeting, February 21-23, 2007.

Note: CMC³ staff is bolded. *indicates VIREC staff.

Plenary Session

Discontinuation of VA Pharmacy Use for Chronic Medications After Co-Payment Increase

Smith B., Stroupe K., Lee T.A., Tarlov E., Barnett T., Huo Z., Burke M., Cunningham F., Hynes D.M., Weiss K.B.

HSR&D Career Development Conference 2007

Maintaining Continuous Funding While Balancing Work, Clinical and Teaching Duties

Beyth R., Andresen E., facilitators

Reiber G., Saha S., Weaver F., Hoffman V., Kelly A., Kunik M., panelists.

Oral Presentation

Augmenting FDA and Pharmaceutical Manufacturer Passive Pharmacovigilance Efforts: Potential Benefit of Collaboration with VA Pharmacovigilance Program

Bennett C.L., Angelotta C., Nebecker J.R., Dorr D.A., Tighe C.C., Raisch D.W.

Risk Factors Predicting Pressure Ulcers in Veterans with Spinal Cord Injuries and Disorders: An Application of Generalized Ordinal Logistic Regression

Smith B., Guihan M., LaVela S., Garber S.

Workshop

Developments in Information Health Technology: Integrating and Evaluating IT to Improve Management of Complexity in Chronic Care

Bonner L., Chaney E.F., Fortney J., Goldstein M., Nichol P., Oslin D., Perrin R*.

Using the New Geriatrics and Extended Care Referral Form for HSR&D

Hedrick S.C., Guihan M., Burris J., Shay K.

Combining Veterans' Health Care Data from VHA and Medicare: Methodological Issues and Research Examples

Mallin K.*, Koelling K.A.*, Jia H., Kwon S., Stroupe K.T.

Poster Session

Results of a Team Oriented Pay-for-Performance (TOPP) Program to Improve Clinical Performance and Outcomes in VHA

Guihan M., Weiss K.B., Temeck B.

Predictors of Evidence-based Depression Treatment in Veterans with COPD and Co-morbid Depression

Jordan N., Lee T.A., Valenstein M., Weiss K.B..

The Cause of Death for Veterans with Spinal Cord Injuries and Disorders

Smith B., Weaver F.M., LaVela S., Miskevics S., Evans C.

Effect of Medication Copayment Increase on Medication Acquisition

Stroupe K.T., Smith B.M., Lee T.A., Tarlov E., Huo Z., Barnett T.

Guideline-recommended Care for Veterans with End Stage Renal Disease: Impact of System of Care

Stroupe K.T., O'Hare A.M., Fischer M.J., Kaufman J., Browning M.M., Huo Z., Hynes D.M.

Dual Use of VA and Medicare Services by Veterans with Prostate Cancer

Sohn M.W., Brent T., Hur K., Zhang H., Wilt T.

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